

## Notice Section

This is not an agenda item for this meeting, but serves as a public notice. The following individuals have filed and completed applications for Taxicab Medallion Holder Permits, Ramped Taxicab Medallion Holder Permits or Color Scheme Changes which will be reviewed and considered on the September 9, 2008 hearing.

Notice Section Item: C

Consideration of the Taxi Commission to grant a Color Scheme Change to:

<b>Medallion Holder Name:</b>	<b>Medallion #:</b>	<b>Change:</b>
1. Stephen Tan	1153	Yellow Cab to SF Town Taxi

TAXICAB COLOR SCHEME CHANGE APPLICATION  
San Francisco Taxicab Commission

CHANGE OF COLOR SCHEME - From Yellow Cab Coop. To SF Town Taxi, Inc.

\*Forms to submit with this application: Certificate Of Worker's Compensation, Registration Card, Insurance Card, Vehicle Introduction Form (2) and Color Scheme Change Questionnaire.

PLEASE PRINT CLEARLY - COMPLETE ENTIRE FORM

Applicant's Name (First, Middle, Last) <u>STEPHEN K. TAN</u>		Phone <u>(510) 111-1111</u>
Residence Address (Street Address, City, State, Zip) <u>1111 1st St, OAKLAND, CA 94607</u>		
Joint Applicant's Name (First, Middle, Last)		Phone ( )
Residence Address (Street Address, City, State, Zip)		
Is this a Corporate permit? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. If yes, Name of Corporation.		

If this color scheme request is granted by the Taxicab Commission, list what your business name, address and phone number will be.

Business Name <u>SF Town Taxi, Inc.</u>	Business Address (Street Address, City, State, Zip) <u>999 Pennsylvania Avenue, SF CA 94107</u>
Business Phone <u>(415) 401-8900</u>	Medallion Number(s) <u># 1153</u>
<input checked="" type="checkbox"/> Owner / Operator <input type="checkbox"/> Gas & Gate <input type="checkbox"/> Long Term Lease	

Please describe why you would like to change to the above named taxi company (attach additional pages if necessary):

No long waiting lines for driver for waybill, credit card, payment transactions etc (save time, money for driver).

I (We) certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed this 13<sup>th</sup> day of August, 2008 at San Francisco, California

Stephen Tan  
Print Name of Applicant

[Signature]  
Signature of Applicant

\*\*\*\*\*TO BE COMPLETED BY ACCEPTING COLOR SCHEME ONLY\*\*\*\*\*

Name of person authorized to sign for Color Scheme Holder <u>Jacob Mayzel</u>	Title <u>Manager</u>
I, the Color Scheme Holder / person authorized to sign for the Color Scheme Holder for <u>SF Town Taxi, Inc.</u> Taxicab Color Scheme	
hereby give consent to the applicant named to use my color scheme	
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	
<u>[Signature]</u> Signature of Color Scheme Holder / person authorized to sign for Color Scheme Holder	<u>08/07/08</u> Date

\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\*

**RECEIVED**

Agenda Notice Date <u>08/26/08</u>	Hearing Date <u>09/09/08</u>	Decision of Taxicab Commission	New Declaration Signed <u>AUG 13 2008</u>
Worker's Comp Submitted <input checked="" type="checkbox"/>	Insurance Submitted <input checked="" type="checkbox"/>	Paint Chits Submitted	Photos Submitted
Received by <u>Danelle</u>	Receipt No <u>404205</u>	Amount <u>\$416</u>	Date SAN FRANCISCO TAXI COMMISSION

## COLOR SCHEME CHANGE QUESTIONNAIRE

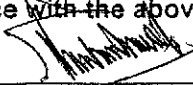
1. Why are you requesting this color scheme change? Like to maintain low gates for driver, yellow recent fee increase to \$950 - Monthly is too much.
2. How have you been operating your medallion at your current color scheme? Circle one  
a. Gas and Gates  
 b. Color Scheme Only  
c. Single Shift operated
3. How will you operate your medallion at the new color scheme? Circle one  
a. Gas and Gates  
 b. Color Scheme Only  
c. Single shift operated
4. Will you sign any leases with your new color scheme or with any drivers associated with that color scheme?  
 Yes  No  
If Yes, you must bring copies of these leases to the Taxi Commission office before your color scheme change can be implemented.
5. For Post-K medallion holders only: What shifts will you be driving your taxicab vehicle in order to comply with Proposition K?

Monday through Friday 5AM to 3PM

I, Stephen Tan, acknowledge that in making this color scheme transfer to SF Town Taxi, I will operate my medallion # 1153 in compliance with the following stipulations:

1. The taxicab will begin and end all shifts at the company property and all waybills, reports and found property will be turned in at the company premises at the conclusion of each shift.
2. All lease arrangements will be limited to a maximum of three layers (e.g. Owner/Color Scheme/Driver).
3. The vehicle used for this taxicab will contain at least my name or that of the Color Scheme Holder and may also contain the name of a driver holding a lease which complies with the three layer rule.
4. I will not permit anyone to drive or operate the taxicab vehicle unless that person (1) holds a valid driver's permit issued by the City and County of San Francisco, (2) has a lease for the vehicle or is a gas and gates driver, and (3) is listed on the driver's roster for the taxicab company with which I am associated.
5. The vehicle will be operated in accordance with all provisions of Article 16 of the Municipal Police Code and the Commission's Rules and Regulations, and I have taken time to educate myself about those provisions so that I fully understand and comprehend them.
6. If I received my permit after 1978, I will comply with the 800 hours or 156 four-hour shift full-time driving requirement contained in Article 16 of the Municipal Police Code.
7. I will comply with the provisions of the Charter, Police Code, Planning Code and Traffic Code of the City and County of San Francisco, the California Vehicle Code, California Worker's Compensation Laws and Taxi Commission Rules and Regulations.

I have read and understood all of the above. I declare that I will operate my taxicab permit number 1153 in full compliance with the above stipulations.

Signature: 

Date: 8-13-08

Department Witness: 

Date: 8/13/08



REGISTRATION CARD VALID FROM: 01/31/2008 TO: 01/31/2009

MAKE	YR MODEL	YR 1ST SOLD	VLF CLASS	*YR	TYPE VEH	TYPE LIC	LICENSE NUMBER
MERC	2003	2003	CC	2007	32X	31	
BODY TYPE MODEL	MP	MO	AX	WC	UNLADEN/G/CGW		VEHICLE ID NUMBER
TX	G	PN	2	C	03740		
TYPE VEHICLE USE		DATE ISSUED	CC/ALCO	DT FEE RECVD	PIC		STICKER ISSUED
COMMERCIAL		02/21/08	01	02/21/08	9		
REGISTERED OWNER		PR/HIST: TAXI					PR EXP DATE: 01/31/2008
TAN STEPHEN							AMOUNT PAID
							\$ 170.00

AMOUNT DUE	AMOUNT RECVD
\$ 170.00	CASH :
	CHCK :
	CRDT :

OAKLAND  
CA 94607

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AUG 13 2008

SAN FRANCISCO  
TAXI COMMISSION

LIENHOLDER

H05 503 35 0017000 0052 CM H05 022108 31 8J29041 761

INSURANCE IDENTIFICATION CARD

CSR TG

STATE **CA**  
 COMPANY NUMBER                      COMPANY  
    **Lincoln General Insurance Co.**  
 POLICY NUMBER                      EFFECTIVE DATE                      EXPIRATION DATE  
**IN ISSUE**                              **05/21/08**                              **05/21/09**  
 YEAR                                      MAKE/MODEL                              VEHICLE IDENTIFICATION NUMBER

THIS CARD MUST BE KEPT IN THE INSURED VEHICLE AND PRESENTED UPON DEMAND

**2003 Mercury Grand Ma**  
AGENCY/COMPANY ISSUING CARD

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

**Y. A. Tittle Insurance**  
**Paul Batmale**  
**650-856-2120**  
INSURED

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

**Stephen Tan**  
**Yellow Cab #1153**

**Oakland**                                      **CA 94607**

COVERAGE MEETS MINIMUM LIABILITY INSURANCE PRESCRIBED BY LAW

ACORD 50 WM(2/95)

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**AUG 13 2008**

**SAN FRANCISCO  
TAXI COMMISSION**

Client#: 57315

TOWNTAXI

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/19/07

**PRODUCER**  
UnionBanc Insurance Svcs, Inc.  
750 B Street, Suite 2400  
San Diego, CA 92101  
800 421-6744

**INSURED**  
Town Taxi Cab Company  
999 Pennsylvania Avenue  
San Francisco, CA 94107

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

<b>INSURERS AFFORDING COVERAGE</b>		<b>NAIC #</b>
INSURER A:	Lincoln General Insurance Co.	33855
INSURER B:	Lincoln General Insurance	33855
INSURER C:		
INSURER D:		
INSURER E:		

**COVERAGES**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
		<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR  GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$								
A		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		10/12/07	10/12/08	COMBINED SINGLE LIMIT (Ea accident) ≤1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$								
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$								
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$								
B		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER		10/12/07	10/12/08	<table border="1"> <tr> <td>WC STATUTORY LIMITS</td> <td>OTHER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>≤1,000,000</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>≤1,000,000</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>≤1,000,000</td> </tr> </table>	WC STATUTORY LIMITS	OTHER	E.L. EACH ACCIDENT	≤1,000,000	E.L. DISEASE - EA EMPLOYEE	≤1,000,000	E.L. DISEASE - POLICY LIMIT	≤1,000,000
WC STATUTORY LIMITS	OTHER													
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E.L. DISEASE - POLICY LIMIT	≤1,000,000													

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
 Certificate Holder is named as Additional Insured as their interest may appear. With respect to the Medallion list attached.  
 \* 10 DAY CANCELLATION FOR NON-PAYMENT  
 (See Attached Descriptions)

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AUG 13 2008

**CERTIFICATE HOLDER**  
  
 San Francisco Paratransit Broker  
 Attention: Richard Lessor  
 68 12th Street  
 San Francisco, CA 94103

**CANCELLATION**  
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.  
 AUTHORIZED REPRESENTATIVE  
*Masoud Shahrin*